

The NSDUH Report

February 18, 2010

Substance Use among Black Adults

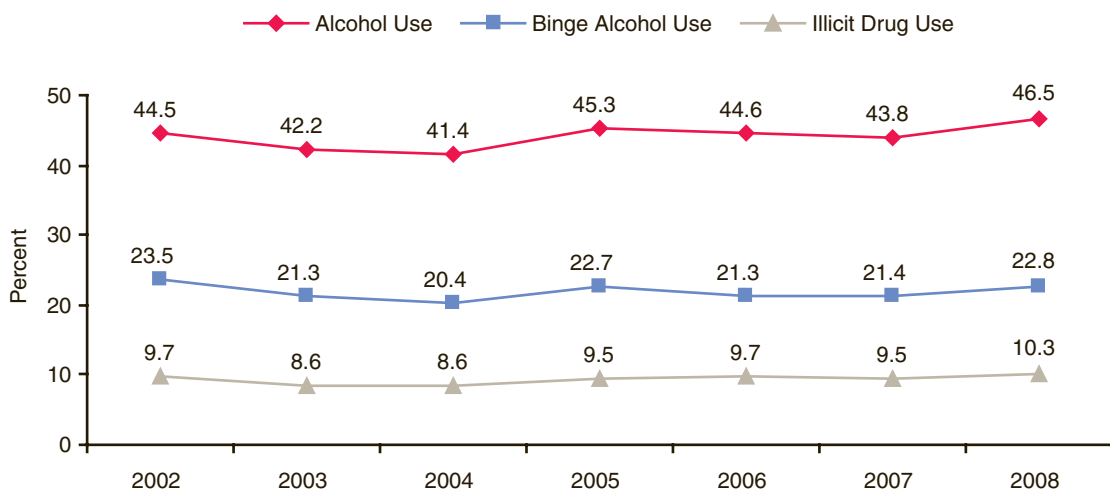
In Brief

- Rates of past month alcohol use and binge alcohol use were lower among black adults aged 18 or older than the national average for adults (44.3 vs. 55.2 percent and 21.7 vs. 24.5 percent, respectively); the rate of past month illicit drug use, however, was higher among black adults than the national average (9.5 vs. 7.9 percent)
- The rate of need for treatment for an alcohol use problem in the past year among black adults was similar to that of the national average among adults (7.7 and 8.1 percent); however, the rate of need for treatment for an illicit drug use problem was higher among blacks than the national average (4.4 vs. 2.9 percent)
- One in seven (14.2 percent) black adults in need of alcohol treatment in the past year and 24.2 percent of those in need of illicit drug treatment received treatment at a specialty facility; both of these rates were higher than the national averages for adults

Over the past several decades, the population of the United States has become increasingly diverse. According to the U.S. Census Bureau, about one third of the population belongs to a racial/ethnic minority group; this percentage is projected to increase to 54 percent by 2050.¹ As the country becomes more diverse, it becomes increasingly important to address health and health care disparities related to race/ethnicity, as well as age and gender, socioeconomic status, geography, and disability. The Nation's success in reducing these disparities today, to a large extent, will determine the health of our Nation tomorrow.

One area of concern is assessing substance use and abuse and ensuring access to substance abuse treatment. Substance abuse affects millions of people every year and has untold health, social, and economic costs for individuals, families, and communities. Although it affects people in all racial/ethnic groups, research has shown that there is considerable variation among these groups.

Figure 1. Trends in Past Month Substance Use among Blacks Aged 18 or Older: 2002 to 2008

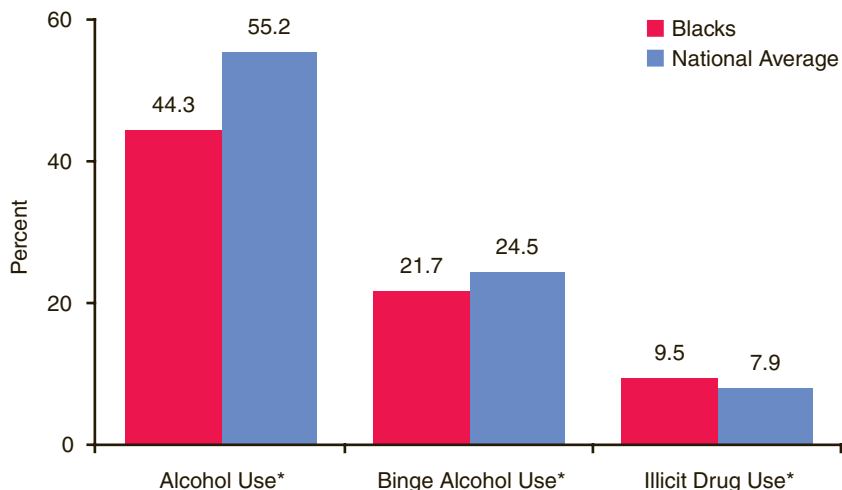


Source: 2002 to 2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Gaining a better understanding of the behavioral health needs of particular racial/ethnic groups can help inform public health policy, build prevention and treatment programs that target the different needs of these populations, and ultimately ensure that services are available to all individuals who need them.

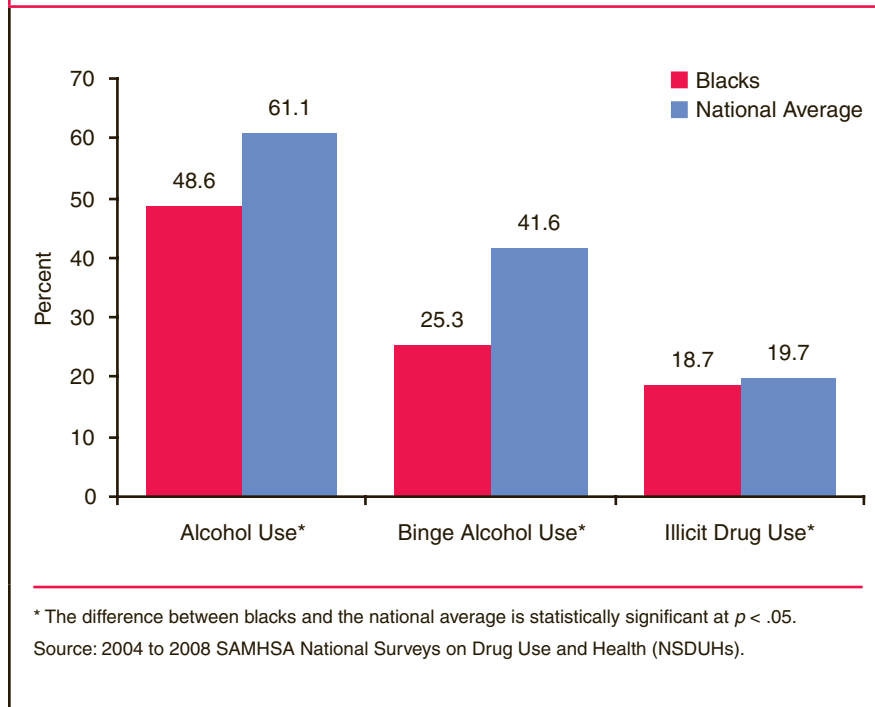
This report uses data from the National Survey on Drug Use and Health (NSDUH) to examine substance use and treatment need among non-Hispanic black or African American adults (hereafter referred to as “black adults”) aged 18 or older.² Later

Figure 2. Past Month Substance Use among Blacks Aged 18 or Older Compared with the National Average: 2004 to 2008



* The difference between blacks and the national average is statistically significant at $p < .05$.
 Source: 2004 to 2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Figure 3. Past Month Substance Use among Young Black Adults Aged 18 to 25 Compared with the National Average: 2004 to 2008



Rates of past month alcohol use and binge alcohol use were lower among black adults than the national averages. The rate of past month illicit drug use among black adults, however, was higher than the national average.

Substance Use among Young Adults (Aged 18 to 25)

Rates of past month and binge alcohol use were considerably lower among young black adults than the national average of young adults (48.6 vs. 61.1 percent and 25.3 vs. 41.6 percent, respectively) (Figure 3). Past month illicit drug use among young black adults was slightly lower than the national average (18.7 vs. 19.7 percent).

Substance Use among Older Adults (Aged 65 or Older)

Older black adults had a rate of past month alcohol use that was considerably lower than the national average of older adults (20.3 vs. 38.3 percent) (Figure 4). Their rates of binge alcohol use and past month illicit drug use, however, did not differ significantly from the national averages.

reports in this series will examine similar issues among black adolescents and among adults and adolescents in other racial/ethnic groups. According to the U.S. Census Bureau, 37 million people—12.2 percent of the total population in 2008—identify themselves as non-Hispanic blacks of one race.³

The first section of this report provides trends in substance use using NSDUH data from 2002 to 2008; the remaining sections present annual averages using combined data from 2004 or 2005 to 2008.

Trends in Substance Use

Past month alcohol use, binge alcohol use, and illicit drug use remained relatively stable among black adults between 2002 and 2008 (Figure 1).^{4,5}

Past Month Alcohol and Illicit Drug Use

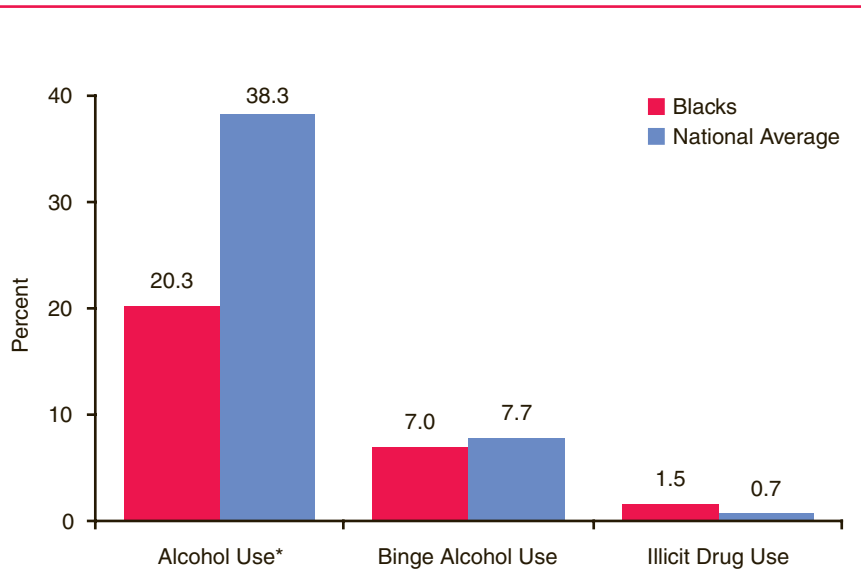
Combined 2004 to 2008 data indicate that, in the past month, 44.3 percent of black adults used alcohol, 21.7 percent reported binge alcohol use, and 9.5 percent used an illicit drug (Figure 2).

Substance Use among Women

Compared with the national averages, adult black females had lower rates of past month alcohol use and binge alcohol use and a slightly higher rate of past month illicit drug use (Table 1). Patterns varied by age group.

Among women aged 18 to 44 who were pregnant at the time of the survey interview, blacks had a higher rate of binge alcohol use than the national average (8.1 vs. 3.6 percent) (Figure 5). As for past month alcohol use and past month illicit drug use,

Figure 4. Past Month Substance Use among Black Adults Aged 65 or Older Compared with the National Average: 2004 to 2008



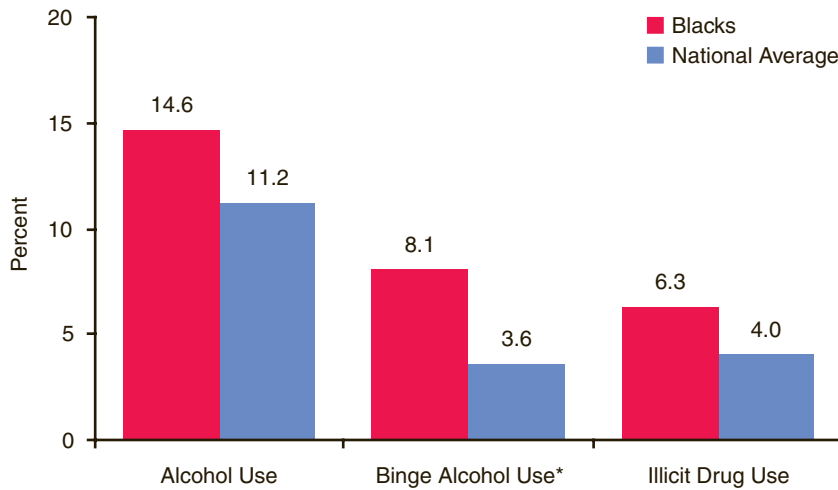
* The difference between blacks and the national average is statistically significant at $p < .05$.
 Source: 2004 to 2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Table 1. Substance Use among Black Females Aged 18 or Older Compared with the National Average, by Age Group: 2004 to 2008

Age Group	Alcohol Use: Blacks	Alcohol Use: National Average	Binge Alcohol Use: Blacks	Binge Alcohol Use: National Average	Illicit Drug Use: Blacks	Illicit Drug Use: National Average
Total	36.6*	48.5	14.4*	15.9	6.2*	5.7
Aged 18 to 25	44.9*	56.9	18.6*	33.1	13.9*	15.7
Aged 26 to 49	43.9*	53.7	17.7*	18.9	6.7	6.2
Aged 50 to 64	27.3*	46.7	10.4	8.9	2.5	2.8
Aged 65 or Older	14.4*	31.5	3.5	3.7	0.7	0.5

* The difference between blacks and the national average is statistically significant at $p < .05$.
 Source: 2004 to 2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Figure 5. Past Month Substance Use among Black Pregnant Women Aged 18 to 44 Compared with the National Average: 2004 to 2008



* The difference between blacks and the national average is statistically significant at $p < .05$.
 Source: 2004 to 2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

the rates appear to have been higher than the national average of pregnant women, but the differences were not statistically significant.

Substance Use among Men

Compared with the national averages, adult black males had lower rates of past month alcohol use and binge alcohol use and a slightly higher rate of past month illicit drug use (Table 2). Patterns varied by age group.

Table 2. Substance Use among Black Males Aged 18 or Older Compared with the National Average, by Age Group: 2004 to 2008

Age Group	Alcohol Use: Blacks	Alcohol Use: National Average	Binge Alcohol Use: Blacks	Binge Alcohol Use: National Average	Illicit Drug Use: Blacks	Illicit Drug Use: National Average
Total	54.0*	62.3	30.8*	33.8	13.7*	10.2
Aged 18 to 25	52.6*	65.3	32.7*	50.0	23.9	23.8
Aged 26 to 49	61.5*	67.4	35.2*	39.2	14.7*	11.2
Aged 50 to 64	49.7*	59.3	27.9	25.0	7.1	4.9
Aged 65 or Older	29.8*	47.4	12.5	13.2	2.8	1.0

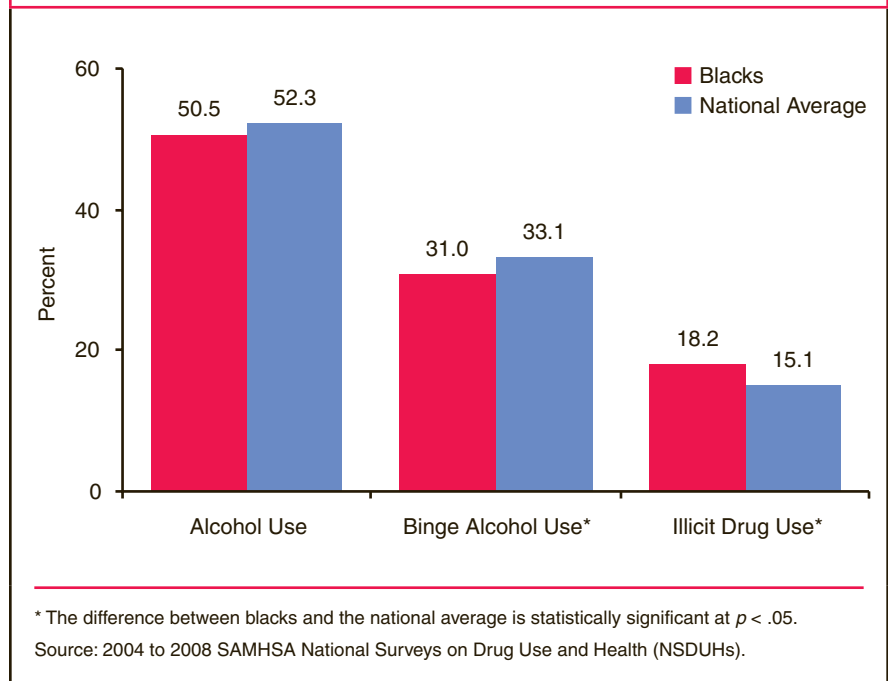
* The difference between blacks and the national average is statistically significant at $p < .05$.
 Source: 2004 to 2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Substance Use among Uninsured Persons

Nearly one fifth of black adults (17.5 percent) were without health insurance, a percentage higher than the national average of 15.0 percent for adults.⁶

Uninsured blacks were more likely than the national average of uninsured adults to have used illicit drugs in the past month (18.2 vs. 15.1 percent) and less likely to have binged on alcohol in the past month (31.0 vs. 33.1 percent); no statistically significant difference was found between these two groups for past month alcohol use (Figure 6).

Figure 6. Past Month Substance Use among Blacks Aged 18 or Older Who Were Uninsured Compared with the National Average: 2004 to 2008

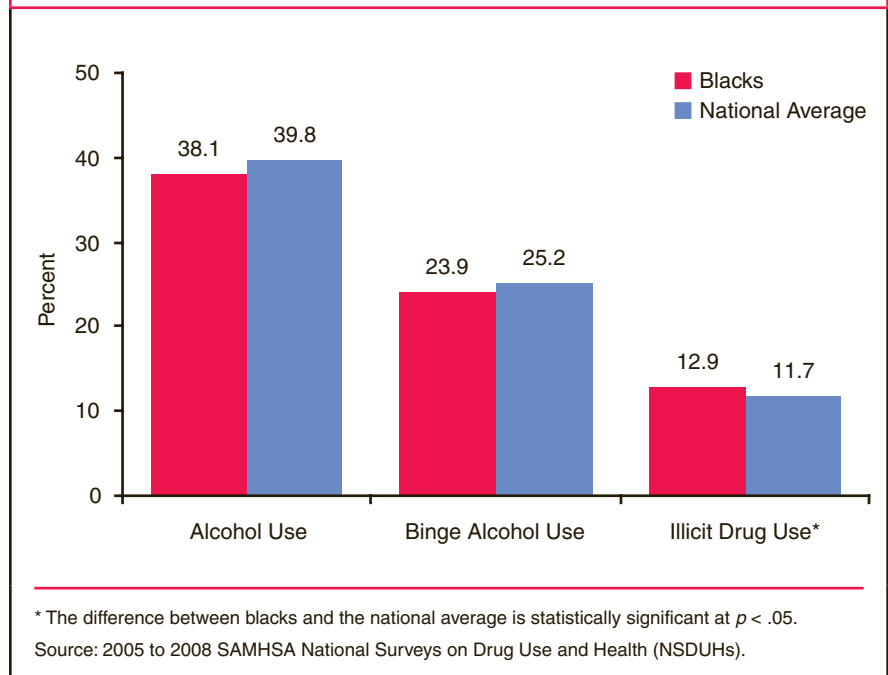


Substance Use among Persons Living in Poverty

Combined 2005 to 2008 data indicate that almost one quarter of black adults (23.3 percent) were living in poverty, a percentage higher than the national average of 11.5 percent.⁷

The rate of past month illicit drug use among blacks living in poverty was slightly higher than the national average of adults living in poverty (12.9 vs. 11.7 percent); rates of past month alcohol use and binge alcohol use, however, did not differ significantly from the national averages (Figure 7).

Figure 7. Past Month Substance Use among Blacks Aged 18 or Older Living in Poverty Compared with the National Average: 2005 to 2008



Alcohol Use Treatment

Combined 2004 to 2008 data indicate that an estimated 1.9 million black adults—7.7 percent—were classified as being in need of treatment for an alcohol use problem in the past year.⁸ This rate was similar to the national average of 8.1 percent.

One in seven (14.2 percent) black adults in need of alcohol treatment in the past year (274,000 persons) received it at a specialty facility.⁹ This rate was higher than the national average of 8.2 percent.

Illicit Drug Use Treatment

An estimated 1.1 million black adults—or 4.4 percent—were classified as being in need of treatment for an illicit drug use problem in the past year. This rate was higher than the national average of 2.9 percent.

Almost one quarter (24.2 percent) of black adults in need of illicit drug treatment in the past year (267,000 persons) received it at a specialty facility. This rate was higher than the national average of 19.2 percent.

Discussion

As the Federal Government and States move forward with the interrelated tasks of reducing disparities and reforming health care, it will be vitally important to monitor data on substance use and treatment need among racial/ethnic minorities. The findings in this report highlight variations in substance use and treatment need between black adults and adults in the Nation as a whole and suggest subgroups that may benefit from increased attention from the prevention and treatment systems.

End Notes

¹ U.S. Census Bureau. (2008, August 14). *An older and more diverse Nation by midcentury* [U.S. Census Bureau News]. Retrieved January 11, 2010, from <http://www.census.gov/Press-Release/www/releases/archives/population/012496.html>

² NSDUH asks a series of questions about race/ethnicity. First, respondents are asked about their Hispanic origin; then they are asked to identify which racial grouping best describes them: white, black or African American, American Indian or Alaska Native, Native Hawaiians, Other Pacific Islanders, Asian, or other. Respondents may select more than one race. For this report, “black” refers to persons identifying themselves as black or African American only. Persons identifying as black and Hispanic or black and another racial group are not included.

³ Numbers were calculated from various census tables: U.S. Census Bureau. (2009, December 22). *National characteristics*. Retrieved January 11, 2010, from <http://www.census.gov/popest/national/asrh/natasrh.html>

⁴ Binge alcohol use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.

⁵ NSDUH defines illicit drugs as marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically. Nonmedical use is defined as the use of prescription-type drugs not prescribed for the respondent by a physician or used only for the experience or feeling they

caused. Nonmedical use of any prescription-type pain reliever, sedative, stimulant, or tranquilizer does not include over-the-counter drugs; nonmedical use of stimulants includes methamphetamine use.

⁶ A respondent is classified as having health insurance coverage if he or she has private insurance, Medicare, Medicaid/Children’s Health Insurance Program (CHIP), Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), TRICARE, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), Veterans Affairs (VA), military health care, or any other type of health insurance. All other respondents were classified as without health insurance or uninsured.

⁷ NSDUH gathers data on family income, size, and composition (i.e., number of children) and respondent’s age. This information is used to determine the respondent’s poverty level. The poverty level is calculated as a percentage of the U.S. Census Bureau’s poverty threshold by dividing the respondent’s reported total family income by the appropriate poverty threshold amount. If a family’s total income is less than the family’s poverty threshold, then that family and every individual in it is considered to be living in poverty (i.e., less than 100 percent of the U.S. census poverty threshold). Persons aged 18 to 22 living in college dormitories were excluded from this analysis because poverty status is not determined for this group. The poverty variable is available for the years from 2005 to 2008; therefore, information for this estimate is restricted to combined data from these years.

⁸ NSDUH classifies persons as needing treatment for alcohol or illicit drug use if they meet the criteria for dependence or abuse or if they received specialty treatment in the past year. NSDUH defines substance dependence or abuse using criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), including symptoms such as withdrawal, tolerance, use in dangerous situations, trouble with the law, and interference in major obligations at work, school, or home during the past year. For details, see the following resource: American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

⁹ Substance use treatment at a specialty facility is defined as treatment received at drug or alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient services only), and mental health centers; it excludes treatment received in an emergency room, private doctor’s office, self-help group, prison or jail, or hospital as an outpatient.

Suggested Citation

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Findings from the SAMHSA 2002 to 2008 National Surveys on Drug Use and Health (NSDUHs)

Substance Use among Black Adults

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- One in seven (14.2 percent) black adults in need of alcohol treatment in the past year and 24.2 percent of those in need of illicit drug treatment received treatment at a specialty facility; both of these rates were higher than the national averages for adults

The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The 2004 to 2008 data used in this report are based on information obtained from 227,791 persons aged 18 or older, including 25,798 blacks or African Americans. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The NSDUH Report is prepared by the Office of Applied Studies (OAS), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on the most recent NSDUH is available in the following publication:

Office of Applied Studies. (2009). *Results from the 2008 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 09-4434, NSDUH Series H-36). Rockville, MD: Substance Abuse and Mental Health Services Administration. Also available online: <http://oas.samhsa.gov>.



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